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whereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as Express Mall Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)				
Attorney Docket Number	50004/002005			
Applicants	ROY A. GRAVEL, RIMA ROZEN, DANIEL LECLERC,			
	PHILIPPE GOYETTE, AND ERIC CAMPEAU			
Title	HUMAN METHIONINE SYNTHASE: CLONING, AND METHODS FOR EVALUATING RISK OF NEURAL TUBE DEFECTS, CARDIOVASCULAR DISEASE, AND CANCER			
PRIORITY INFORMATION:				
This application is a continuation of pending US Application Number 08/980,326, filed November 26, 1997, which claims the benefit of U.S. Provisional Application No. 60/031,964, filed November 27, 1996, and Provisional Application No. 60/050,310, filed June 20, 1997.				
SMALL ENTITY STATUS:				
APPLICATION ELEMENTS:				
Cover sheet		1 page		
Specification		48 pages		
Claims		2 pages		
Abstract		1 page		
Drawings		7 sheets		
Combined Declaration and Power of Attorney, which is:		3 pages		
□ Unsigned;				
□ Newly signed for this application;				
A copy from prior application 08, disclosure of the prior application is part of the disclosure of this new a incorporated by reference therein.	s considered as being			
Sequence Statement		0 pages		
Sequence Listing on Paper		0 pages		
Sequence Listing on Diskette		0 disk		
Preliminary Amendment and Version	on with Markings to Show	5 pages		
Information Disclosure Statement		0 pages		

Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Non-publication Request under 35 U.S.C. § 122(b).	0 pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$375	\$375.00
Excess Claims Fee: 10 – 20 = 0 x \$9	\$0.00
Excess Independent Claims Fee: 4 – 3 = 1 x \$42	\$42.00
Multiple Dependent Claims Fee: \$140	\$0.00
Total Fees:	\$417.00
⊠ Enclosed is a check for \$417.00 to cover the total fees	•

- □ Charge [\*\*AMOUNT\*\*] to Deposit Account No. 03-2095 to cover the total fees.
- ☐ The filing fee is not being paid at this time.
- ☑ Please apply any other charges or any credits to Deposit Account No. 03-2095.

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